

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Pima
District of Globe
Town of Globe
or City of Globe
(No. Euclid St St; _____ Ward)

State Index No. 176
Co. Registrar's No. 57
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD _____
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child M. Twins Triplet or other _____ and _____ Number in order of birth 1 Legitimate? Yes Date of Birth Jan 18 1920
Month Day Yr.

Full Name <u>José Ramos</u> Residence <u>Euclid St</u> Color or Race <u>Mex</u> Age at last Birthday <u>33</u> Years Birthplace <u>Mexico</u> Occupation <u>Laborer</u>	Full Maiden Name <u>Maria Muñoz</u> Residence <u>Euclid St Globe</u> Color or Race <u>Mex</u> Age at last Birthday <u>32</u> Years Birthplace <u>Mex</u> Occupation <u>Housewife</u>
---	--

Number of child of this Mother 6 Number of Children, of this mother, now living 6 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan 18 1920 at 6:15 AM.

*When there is no attending physician or midwife, then the householder should make this return.

Signature H. H. Horst, M. D.
Attending physician, midwife, householder.*

Address Globe Ariz.

Given or Christian name added from a supplemental report _____ 191 _____

092-118-442 COUNTY REGISTRAR.

Filed Jan 21 1920 B. G. Jay LOCAL REGISTRAR.
A True Copy
Filed Feb 5 1920 B. G. Jay COUNTY REGISTRAR.